



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

September 17, 2012

Rani Muruges
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5 Parkcenter Dr., Suite 110
Sacramento, CA 95825

Dear Mrs. Muruges:

SMCR 2288: CCS DEMONSTRATION PROJECT – HCP SAN MATEO.

Enclosed is a System Maintenance Change Request (SMCR) instructing Infinite Solutions, Inc to modify the CMS Net application.

Please respond to this SMCR in accordance with the enclosed instructions.

If there are any questions, please contact Revena Landry at 916-327-2252.

Sincerely,

Brian Kentera
Section Chief
Children's Medical Services

Enclosure

CCS Demonstration Project

HCP 703 – Health Plan of San Mateo

Revision: 5/31/12

**System Maintenance Change Request
(SMCR) 2288**

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1 INTRODUCTION

1.1 BACKGROUND

CCS is responsible for case management and coverage of services related to CCS-eligible conditions for clients who have HFP and Medi-Cal coverage. HFP and Medi-Cal are responsible for providing, and paying for, all other medical care the child or youth needs that is unrelated to the CCS condition. This segregated approach makes coordination of care complicated and limits the ability of the managed care plan and the child or youth's CCS providers to have a comprehensive understanding of the client's total health care needs.

The core purpose of piloting a redesign of the CCS program is to test innovative health care delivery models for improving health care services for children with CCS conditions. DHCS will conduct four models of care for children enrolled in the CCS program. This first demonstration model is for recipients who are Medi-Cal eligible in San Mateo County and will be established through creation of a new health care plan, HCP 703 – Health Plan of San Mateo.

1.2 PURPOSE

This demonstration project was devised to help identify the model or models that will result in a well-integrated, coordinated and value-based health care delivery system. By the end of the waiver demonstration period, children and youth enrolled in the new HCP and their families are expected to experience better clinical outcomes, improved functional status, and greater satisfaction with their care experiences.

The core objectives of this request are to design a user interface in the CMSNet system that will be used to enroll/disenroll members into the newly created models of care, identify enrollees, and create a method of efficiently delivering the data to MEDS.

1.3 SCOPE

- Identify a place in CMSNet for enrollment/disenrollment of members into new demonstration model HCPs, beginning with HPSM.
- Based upon assignment, create an enroll/dis-enroll transaction file to send data to MEDS on a monthly basis.
- The following screens will be created or updated as outlined below.

1.3.1 CCS Pilot Project Plan Screen

The CCS Pilot Project Plan Screen will be created to allow enrollment/disenrollment of members into HPSM, as well as other demonstration/pilot plan projects in the future. It will allow users to enroll/disenroll members into these select plans.

- Develop a screen in CMSNet Legacy, with proper security rules, for our CMSNet users to enroll/disenroll and assign a HCP.
- Name the screen CCS Pilot Project Plan.
- Allow users to enroll/disenroll clients.
- Provide a way for users to delete (undo) enrollment/disenrollment of a client, up until the point where the data is sent via transaction file to MEDS.

1.3.2 Medi-Cal Coverage Screen

Due to changes being implemented for this SMCR, the decision was made to consolidate information on the Medi-Cal screen for the existing insurance, managed care, and Healthy Family plans into a single entity on the backend (table). This new structure will also be used in PEDI to deal with the MCP/HFP enrollment validation. The following changes will be made during this process:

- Remove DOS field.
- Rename 'Termination' field to 'End Date' and move one line down.
- Add 'Start Date' field.
- 'Comments', 'Last Updated By' and 'Date' will be rearranged so they are displayed on each insurance segment.

1.3.3 Personal Injury Screen

Screen layout changes as follows:

- Remove 'PI Indicator' field.
- 'Worker's Comp' field split into two categories, based on the Accident Type. If the Accident Type is "Workers Compensation Claim", the field will become available to enter the "Workers Comp #". For all other Accident Types, the field will become available to enter the liability insurance policy # or claim #. These two sub-fields will be respectively named "Worker's Comp #" and

“Policy #”. The “Policy #” field will be displayed to the right of the “Worker’s Comp” field.

1.3.4 Transaction Tracking

The Medi-Cal, Insurance and Healthy Families coverage screens are listed in the transaction tracking screen pick list. Transaction tracking uses the FileMan audit log (^DIA) to display the changes in the audited field. Since the data for these screens will be stored in a class and no longer in FileMan the information displayed in transaction tracking will not be up to date. The data changes for these screens must still be available for tracking, so the changes will be stored in a history class and the code will be modified for the transaction tracking screen (CMSTRN-10). The following fields will no longer be displayed in history:

- Remove legal county field.
- Remove transaction county field.

1.4 BUSINESS RULES

- Only CCS-eligible San Mateo County clients will be enrolled into HPSM.
- CCS can only enroll/disenroll patient to/from plans for which we are responsible.
- GHPP clients are excluded from this plan enrollment process.
- HCP enrollment information must be sent by CMS to MEDS via a transaction file by the 20th of every month. The file must be sent via secure FTP process that is currently in place.
- HPSM becomes effective August 01, 2012. The first HCP enrollment transaction is sent to MEDS in July 2012 before the MEDS renewal.
- The enrollment transaction file is sent to MEDS on the 20th of each month and the client will be enrolled in the new plan as of the 1st of the month following the transaction file send. The MEDS renewal/extraction date is typically between the 20th and 25th of each month. There may be delays between CCS enrollment and update to MEDS due to the timing of the transactions being sent to MEDS and the reconciliation updates from MEDS. Because of this gap in time, MEDS recon and inquiry transactions will be modified to end date any existing MMCP for clients being enrolled in HPSM.
- Enrollment of members into HPSM goes into effect as of the 1st of the month following the transaction file send to MEDS. When a client is entered into CMSNet as a member of HPSM, the enrollment date will auto-populate with this date. Disenrollment from HPSM will go into effect as of the end of the month following the transaction file send to MEDS. The disenrollment date is populated with this date.
- HPSM member enrollment/disenrollment will not be made retroactive.
- A case note will be automatically generated with a pre-determined subject line for clients that we enroll/disenroll into HPSM. No letters will be generated.

- CCS clients that CMS Net submits enrollment transactions into HPSM must be Medi-Cal Eligible, Full-Scope with a no Share-of-Cost Medi-Cal aid code. Rules must be put in place to prevent enrollment of members if they do not meet these requirements. Allowable Medi-Cal aid codes are outlined in Appendix A.
- No new security roles will be created for the new HCP. If the user has client edit capability for San Mateo County, they may enroll/disenroll members from HPSM.
- When a client loses CCS-eligibility, they will be dis-enrolled from HPSM via a disenrollment transaction sent to MEDs.
- When this SMCR is implemented, no clients will be enrolled in HPSM. Users will enroll clients on a case-by-case basis when the changes go live.

1.5 DEFINITIONS, ACRONYMS, AND ABBREVIATIONS

Table 1-2, Definitions, Abbreviations and Acronyms

Term	Definition
CCS	California Children’s Services
CIN	Client Index Number
CMS	Children’s Medical Services
DHCS	Department of Health Care Services
GHPP	Genetically Handicapped Persons Program
HCP	Health Care Plan
HFP	Healthy Families Plan
HPSM	HCP 703 - Health Plan San Mateo
MCP	Managed Care Plan
PEDI	Provider Electronic Data Interchange
PMF	Provider Master File
RFP	Request for Proposal
SAR	Service Authorization Request
SCD	Systems of Care Division
SFTP	Secure File Transfer Protocol
SMCR	System Maintenance Change Request

2 OVERALL DESCRIPTION

2.1 ASSUMPTIONS AND DEPENDENCIES

- County will still handle case management, but plans will be responsible for coordination of care.
- We will not build auto-processing rules once the scope has been defined.
- Once enrolled in HPSM, transaction will be sent back to us in the MEDS recon file, using the existing Managed Care segments.
- There will be modification to MOPI screen once clients are enrolled in HPSM.
- MEDS will have their own test plan and will disenroll clients from any other plan once they receive enrollment information via our transaction file.
- MEDS renewal dates for remainder of 2012 are as follows:
 - June 26, 2012
 - July 26, 2012
 - August 28, 2012
 - Sept 25, 2012
 - Oct 25, 2012
 - Nov 27, 2012
 - Dec 26, 2012
- Consolidation of Insurance Coverage tables will impact the following areas: HI transactions, business objects, legacy screens, MEDS reconciliation, MEDS inquiry
- SARs will be impacted due to changes made by this SMCR, specifically private HMO coverage and aid code related validations.

3 APPENDICES

3.1 APPENDIX A

Table 4-1: Allowable Medi-Cal Aid Codes

03	04	06	2A	2E	2H	20	24	26	3A	3C	3D	3E	3G	3H
3L	3M	3N	3P	3R	3U	3W	30	32	33	34	35	36	38	39
4A	4F	4H	4G	4L	4M	4T	40	42	45	46	47	5K	54	59
6A	6C	6E	6N	6P	6R	6V	6X	60	64	66	7A	7J	7T	72
8E	8P	8R	82											

3.2 APPENDIX B

Table 4-2: 115 byte Transaction File Sample

Health Care Plan Enrollment Transaction					
		Location			
Data Element Name	Length	Start	End	Required?	
BATCH-NUMBER	3	1	3	yes	3 digit numeric, starting with 001; valid values 001-999
SOURCE-CODE	5	4	8	yes	Identifies submitter, CCS 41(county#)
CUSTOMER-KEY	9	9	17		Free form; can be used for any submitter field
FILE-CREATE-DATE	8	18	25	yes	
CREATE-CC					
CREATE-YY					
CREATE-MM					
CREATE-DD					
MEDS-ID	9	26	34	yes	If known, usually the SSN
CIN	9	35	43		Client Index Number
COUNTY-ID					If known
COUNTY-CODE	2	44	45		
AID-CODE	2	46	47		Code based upon enrollment plan.
CASE-NUMBER					e.g.: '41-F1-9899800-8-9D'. Not required – NULL
CASE-SERIAL	7	48	54		
CASE-FBU	1	55	55		
CASE-PERSON	2	56	57		
BENE-NAME					
LAST-NAME	20	58	77	yes	
FIRST-NAME	15	78	92	yes	
MIDDLE-INITIAL	1	93	93		
APPELLATION	3	94	96		
BIRTHDATE	8	97	104	yes	
BIRTH-CC					
BIRTH-YY					
BIRTH-MM					
BIRTH-DD					
SEX	1	105	105		Valid values "M" and "F"
EFFECT-DATE	6	106	111	yes	current year/month of eligibility
EFFECT-CC					
EFFECT-YY					
EFFECT-MM					
ACTION-HCP-CODE	3	112	114	yes	Submitter health care plan code
TRANSACTION CODE	1	115	115	yes	Use "4" for enrollment, "0" (zero) for disenrollment
Special Notes:	Source code is alphanumeric free-form for non-HCO plans (ex: SCAN or SCNcc where cc = recipient county code, e.g.: CCS 41, designating origin and county number.)				
	Either MEDS-ID or CIN is required; if unable to tell the difference, put field in meds-id				

MAINTENANCE REQUEST AUTHORIZATION

CMS Branch is requesting the time and cost for the phases of the System Development Life Cycle.

PHASE AND TASK	ESTIMATED HOURS
ANALYSIS AND DESIGN	
Review and Request Clarification of Functional Specification Design Document	
Develop Technical Design Document	
Facilitate Technical Specification Design Document Walkthrough	
<i>Sub-total</i>	
DEVELOPMENT AND TESTING	
Code Development	
Unit and Integration Testing	
System and User Acceptance Testing Support (TIR resolution, execution of batch processes, etc.)	
Maintenance Documentation Updates	
<i>Sub-total</i>	
IMPLEMENTATION	
Implementation of Enhancement to Production	
<i>Sub-total</i>	
Total Estimated Hours	

CMS Approval of TSD & Estimate

Yes ☐ No ☐

Approved by:	Date:
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CMS Unit Tested & Approved

Yes ☐ No ☐

Approved by:	Date:
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CMS System Tested & Approved

Yes ☐ No ☐

Approved by:	Date:
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CMS Validated & Approved in Production

Yes ☐ No ☐

Approved by:	Date:
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